



DEPARTMENT OF HEALTH AND HOSPITALS
Office for Citizens with Developmental Disabilities

Self-Direction Option



Employer Handbook

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Table of Contents

Section I: Introduction	I-1
Self-Direction Overview.....	I-2
Differences in the Service Delivery Models.....	I-4
Participant Eligibility Criteria	I-5
Choosing Self-Direction as a Service Delivery Option.....	I-6
Determining Who Must Be the Employer	I-8
Employer Responsibilities	I-9
Supports Available to Assist Employers.....	I-11
Voluntary Termination.....	I-14
Involuntary Termination.....	I-14
New Opportunities Waiver Participant Discharge Criteria	I-15
Section II: Service Planning and Documentation Requirements	II-1
Accessing Services.....	II-2
Service Planning.....	II-3
Back-Up and Emergency Planning	II-5
New Opportunities Waiver Services and Limits.....	II-7
Service Documentation Requirements.....	II-10
Record Keeping Requirements.....	II-13
Service Monitoring.....	II-15
Types of Expenses in Self-Direction	II-16
Section III: Employee Qualifications	III-1
Who Can Be An Employee?.....	III-2
Required Training Certification for Employees	III-3
Criminal Convictions History Check	III-6
Convictions Barring Employment.....	III-7
Section IV: Recruiting, Interviewing, and Hiring Applicants	IV-1
Job Description	IV-2
Sample Job Description.....	IV-3
Recruitment and Advertising	IV-4
Contents of an Advertisement	IV-5
Screening Applicants	IV-6
Conducting an Interview.....	IV-7
Sample Questions for a Face-to-Face Interview with an Applicant.....	IV-8
Checking References.....	IV-10

Making the Decision.....	IV-11
Steps for Hiring Employees.....	IV-12
Getting Started with a New Employee.....	IV-14
Disability Related Training.....	IV-15
Sample Documentation of Training Form.....	IV-16
Setting Employees' Work Schedule.....	IV-17
Setting Employees' Hourly Pay Rates & Benefits.....	IV-18
Setting Your Employees' Specific Tasks.....	IV-19
Section V: Managing Employees.....	V-1
Managing Your Employees.....	V-2
Conflict Resolution.....	V-3
Termination of Employment.....	V-4
Performance Evaluation.....	V-6
Sample Performance Evaluation.....	V-7
Section VI: Safety and Welfare.....	VI-1
Employer Liability.....	VI-2
Universal Precautions.....	VI-4
Protecting Your Property and Personal Safety.....	VI-5
Critical Incident Reporting Requirements.....	VI-7
Where to Get Help.....	VI-11
Section VII: Appendix.....	VII-1
Service Agreement Form.....	VII-A
Applicant Verification Form.....	VII-B
CPR & First Aid Training Facilities Listing.....	VII-C
Agreement to Access the Direct Service Worker Registry Listing Form.....	VII-D
Notification of DSW Employment/Termination Form.....	VII-E
Physician Delegation for Medication Administration & Medical Treatments Form.....	VII-F
Criminal Background Check History Acknowledgement and Waiver Form.....	VII-G

Section I: Introduction

Self-Direction Overview	I-2
Differences in Service Delivery Options	I-4
Participant Eligibility Criteria	I-5
Choosing Self-Direction as a Service Delivery Option	I-6
Determining Who Must be the Employer	I-8
Employer Responsibilities	I-9
Supports Available to Assist Employers	I-11
Voluntary Termination	I-14
Involuntary Termination	I-14
New Opportunities Waiver Participant Discharge Criteria	I-15

Self-Direction Overview

Self-Direction is a service delivery option which allows participants to become the employer of the people they choose to hire to provide supports for them. As the employer, participants are responsible for recruiting, training, supervising, and managing the people they choose to hire. This option gives participants the most control over their supports, but also the most responsibility.

Self-Direction is based on the principles of self-determination, which means that a person has the ability or right to make his/her own decisions, and include the following:

- **FREEDOM** - the opportunity to choose where and with whom you live, as well as how you organize all important aspects of your life.
- **AUTHORITY** - the ability to control some targeted amount of public dollars.
- **SUPPORT** - the ability to organize support in ways that are unique to you.
- **RESPONSIBILITY** - the obligation to use public dollars wisely and to contribute to your community.
- **CONFIRMATION** - the recognition that people with disabilities themselves must be a major part of the redesign of the human service system of long-term care.

With Self-Direction, you control the amount spent on wages and benefits for your employees within the guidelines established by the program in which you are enrolled. With assistance from your support coordinator, you, as the employer, are required to budget payments for wages and required employment-related taxes.

Your support coordinator will provide you with an initial training on Self-Direction, followed by on-going support and assistance as needed. Your support coordinator will continue to assist you with the development of your Plan of Care, budget planning, ongoing evaluation of supports and services, and organizing the unique resources that you need.

The fiscal/employer agent will process payroll for your employees at least twice per month and make the required tax withholdings and deposits with state and federal agencies on your behalf. The fiscal/employer agent will send you reports of your spending so that you can keep track of the amount of service hours you have used and the amount you have remaining for use.

The enrollment date for Self-Direction is determined by the effective date in your Plan of Care.

No expenses may be incurred prior to completion of:

1. Training: Your support coordinator trains you on the material covered in the **Self-Direction Employer Handbook** and both you and your support coordinator sign the “*Service Agreement*” form.
2. Standards for Employee: Your support coordinator completes the “*Applicant Verification*” form to verify that your potential employees meet the qualifications of your program.
3. Start Date: Your support coordinator submits the “*Service Agreement*” form, “*Applicant Verification*” form, and other required forms found in the Start-Up Packet to the Self-Direction Program Manager and OCDD Regional Office Manager to request a **start date** for you to begin Self-Direction.
4. Forms are Completed: The fiscal/employer agent ensures that the forms/documents found in the **Start-Up Packet** are complete and clears your potential employees for hire. The Start-Up Packet contains the forms necessary to establish you as the employer, timesheets, payroll schedule, rate sheet, and employee application forms.
5. Approved Plan: Your **Plan of Care** is approved by the Office for Citizens with Developmental Disabilities (OCDD) to reflect the funds available for use in Self-Direction.



You may choose to leave Self-Direction at any time to receive services from a traditional direct service provider agency – just contact your support coordinator.

If you choose to leave Self-Direction, you must remain with a direct service provider agency for at least 90 days (3 months) before returning to the Self-Direction option.

Differences in the Service Delivery Models

This table explains some of the differences in responsibilities and benefits between Self-Direction and the traditional direct service provider agency (“Agency”) model.

Questions Regarding Service Delivery Models	Self-Direction	Agency
Who is the “employer?” Who has responsibility for hiring and firing my direct service workers?	Employer = Participant age 18 or more or the Authorized Representative of a participant under age 18.	Provider Agency
Who is responsible for withholding and depositing employment related taxes and performing payroll functions?	Fiscal/Employer Agent = Payroll Agent for Employer	Provider Agency
Who determines the compensation and work related budgets for the employee(s)?	Employer with assistance from your Support Coordinator.	Provider Agency
Who recruits, trains, manages, evaluates, and dismisses employees?	Employer	Participant and/or Provider Agency
Who must ensure that criminal history checks are documented and that an applicant is eligible to be hired?	Fiscal/Employer Agent and Employer	Provider Agency
Who is responsible for on-the-job injury and other liabilities of the employee(s)?	Employer	Provider Agency
Who is responsible for providing back-up coverage for direct service workers?	Employer	Provider Agency
Who is responsible for complying with OCDD program rules?	Employer, Participant, Support Coordinator, and Fiscal/Employer Agent	Participant and Provider Agency
Who is responsible for monitoring service delivery?	Employer, Support Coordinator, and OCDD	Participant, Provider Agency, Support Coordinator, and OCDD
Who is responsible for monitoring employment related costs and staying in budget?	Employer, Support Coordinator, and Fiscal/Employer agent	Participant, Provider Agency

- ❖ The Self-Direction “Employer” is listed in all of the ten (100%) responsibilities and benefits listed above for the Self-Direction service delivery.
- ❖ The “Participant” is listed in only four of the ten (40%) responsibilities and benefits listed for the Agency Model.

Participant Eligibility Criteria

To be eligible for participation in the Self-Direction option, a person must:

- Be a NOW participant in DHH Regions 1 (New Orleans area), 2 (Baton Rouge area), and 9 (Hammond/Mandeville area).
- Be able to participate in the Self-Direction option without a lapse in or decline in the quality of care or an increased risk to health and welfare.
- Complete the mandatory training provided by the support coordinator and/or the Office for Citizens with Developmental Disabilities (OCDD). This includes an initial Self-Direction enrollment training provided by your support coordinator and any on-going training that may be provided by your support coordinator, the fiscal/employer agent, or the OCDD.
- Understand the rights, risks, and responsibilities of managing his/her own care and managing and using an individual budget, as such Supervised Independent Living participants or **not** eligible to enroll in the Self-Direction option. If the participant is unable to make decisions independently he/she must have a willing decision maker (authorized representative as listed on the participant's Plan of Care) who understands the rights, risks, and responsibilities of managing the care and the supports of the participant within his/her individualized budget.



Choosing Self-Direction as a Service Delivery Option

Participants are informed of the Self-Direction option by their support coordinator at the time of the initial assessment, annually, and as requested by participants and/or their authorized representative(s). If a participant is interested in Self-Direction, the support coordinator will provide detailed information regarding the differences between service delivery options, roles and responsibilities of each option, and benefits and risks associated with Self-Direction.

If a participant decides that he/she would like to participate in the Self-Direction option, the support coordinator will ensure that the participant receives a copy of the *Self-Direction Employer Handbook* and Start-Up Packet and completes the following activities:

1. Determines what supports the participant will need to participate in Self-Direction (e.g. minimum number of workers needed, access to fax machine or internet);
2. Arranges for needed supports and services;
3. Informs the Self-Direction Program Manager and the OCDD Regional Office Manager of the participant's decision to participate in Self-Direction in order to obtain a **projected** start date for the participant to begin Self-Direction.
4. Informs the participant of the projected start date for him/her to begin Self-Direction.
5. Trains the participant on the material contained in *Self-Direction Employer Handbook* as verified by the completed "*Service Agreement*" form. This includes training participants on the process for completing the following duties: recruiting, hiring, and training workers; determining workers' duties consistent with service specifications; determining workers' schedule consistent with service specifications and participant's approved Plan of Care; determining workers' wages and benefits; scheduling workers; orienting and instructing workers in duties; supervising workers; evaluating workers' performance; verifying and approving time worked by workers; terminating workers; and the process for completing service documentation (progress notes) and reporting critical incidents.
6. Assists the participant in verifying applicants' qualifications as verified by the completed "*Applicant Verification*" form; and
7. Assists the participant with completing the required forms in the Start-Up Packet.

The support coordinator will send the "*Service Agreement*" form, "*Applicant Verification*" form, and required forms/documents (as referenced in the Start-Up

Packet) to the Self-Direction Program Manager and OCDD Regional Manager to request a **start date** for the participant to begin Self-Direction.

The Self-Direction Program Manager will inform the support coordinator, fiscal/employer agent, and OCDD Regional Manager of the participant's **established** Self-Direction start date, at which time the support coordinator will:

1. Inform the participant of the established start date to begin Self-Direction;
2. Meet with the participant and his/her authorized representative to revise the Plan of Care to reflect the established Self-Direction start date and to develop a back-up plan and emergency evacuation plan;
3. Submit the Plan of Care/Revision, updated back-up plan, and updated emergency evacuation plan to the OCDD Regional Office/Human Service District/Authority for approval. The OCDD Regional Office/Human Service District/Authority will not approve the Plan of Care/Revision until clearance is received from the fiscal/employer agent that the participant's Start-Up Packet is complete and that applicants are cleared for hire;
4. Notify the provider agency, as necessary, of the participant's transition to Self-Direction;
5. Inform the participant of his/her beginning quarterly hours available for use in Self-Direction;
6. Submit the approved Plan of Care to the participant/authorized representative; and
7. Submit the demographic page and budget sheets of the participant's approved Plan of Care to the fiscal/employer agent.

NOTE: Participants will be limited to beginning Self-Direction to the first of every month unless the participant is an initial waiver participant, a person transitioning from another Medicaid waiver program, or a participant who is terminating services with a direct service provider agency for good cause reason as determined by the OCDD Regional Office/Human Service District/Authority.

Determining Who Must Be the Employer

The **EMPLOYER** is the person that must be recorded by and registered with federal and state government agencies as the employer for legal purposes.

The person receiving services is the “**participant.**” The participant may be the employer.

For a **MINOR** aged participant (a person under the age of 18), the **EMPLOYER** must be:

- the **parent** of a minor aged individual participant, or
- the **court appointed guardian** of the participant, or
- the **authorized representative** of the participant, or
- the **participant**, if married or emancipated by the court.

For an **ADULT** aged participant (a person age 18 or more), the **EMPLOYER** must be:

- the participant. An **authorized representative** may make decisions on behalf of the participant/employer.



Employer Responsibilities

As an **Employer** in Self-Direction, you have additional **benefits** and responsibilities that you do not have with a traditional direct service provider agency.

- You have the **benefit** of setting the hourly pay rate for your employee(s), within the guidelines established by your program. You also have the benefit of hiring your own employee(s).
- You also have the **responsibilities** that come with being an employer. As an employer you are required to:
 - Recruit, hire, train, manage, and if necessary, terminate your employee(s).
 - To abide by non-discrimination policies on the basis of race, religion, gender, sexual orientation, age, or disability.
 - Complete all employer-related paperwork and the duties related to payroll.
 - Review your payroll reports upon receipt to ensure that it is accurate. If not accurate, report the differences to the fiscal/employer agent.
 - Ensure that your employees complete the required service documentation, such as progress notes and timesheets.
 - Maintain all required documentation as specified in Section II: Service Planning and Documentation Requirements, “Record Keeping Requirements”.
 - Ensure that your employees maintain the required, current training certifications. A copy of the employee’s current training certification(s) must be on file with the fiscal/employer agent in order for the employee to be paid for working with you.
 - Ensure that your employees maintain current automobile insurance if they will be transporting you in their own car. A copy of the employee’s current automobile insurance must be on file with the fiscal/employer agent before the employee provides any employment-related transportation to you or any other individual in his/her own car.
 - Establish a mutually agreeable work schedule for your employees. The employer will be personally responsible for any employee wages or supports that exceed the hours approved in the participant’s approved Plan of Care and/or service specifications.

- Establish a list of tasks to be performed by employees. Your employees' tasks must correlate, or compare, with the service specifications for the service that they are providing and with your approved Plan of Care.
- Follow the parameters, or limits, set in your approved Plan of Care.
- Meet all your staffing needs.
- Have a functional, or working, back-up plan in place in the event that an employee does not show up for work.
- Have a functional, or working, emergency evacuation plan in place in the event of a disaster.
- Inform the fiscal/employer agent immediately if an employee is injured on the job.
- Inform the fiscal/employer agent and the Self-Direction Program Manager when an employee is terminated.
- Wait until the fiscal/employer agent clears your potential employees for hire before you allow them to do any work for you.
- Participate in required training as requested by the Office for Citizens with Developmental Disabilities (OCDD).
- Follow all rules and requirements pertaining to your program.
- Maintain your waiver eligibility.



Supports Available to Assist Employers

Your **Support Coordinator** will continue to assist you with the development of your Plan of Care and with gaining access to needed services including medical, social, educational, and other supports as identified.

Support coordinators are responsible for:

- Assisting participants/employers with learning about choices and options for services.
- Assisting participants/employers with determining what supports are needed to participate in Self-Direction (e.g. minimum number of workers needed, access to fax machine or internet).
- Arranging for needed supports and services.
- Training participants/employers on the material contained in the *Self-Direction Employer Handbook*. This includes training participants on the process for completing the following duties: recruiting, hiring and training workers; determining workers' duties consistent with service specifications; determining workers' schedule consistent with service specifications and your approved Plan of Care; determining workers' wages and benefits; scheduling workers; orienting and instructing workers in duties; supervising workers; evaluating workers' performance; verifying and approving time worked by workers; terminating workers; and the process for completing service documentation (progress notes) and reporting critical incidents.
- Assisting participants/employers with completing required forms (e.g. Start-Up Packet, Plan of Care) for participation in the Self-Direction option.
- Assisting participants/employers with developing a job description, task list, and work schedule for their employees.

- Verifying that potential employees meet program qualifications.
- Back-up service planning and emergency evacuation planning with participants/employers.
- Assisting participants/employers with budget planning.
- Ensuring that all required information is kept up-to-date in the “Home Book.” The “Home Book” is defined in Section II: Service Planning and Documentation Requirements, “Record Keeping Requirements”.
- Ensuring that participant’s needs are being met through services.
- Assisting participants with making changes to their Plan of Care if their needs change.
- Monitoring implementation and effective dates.
- Informing participants/employers of all Self-Direction rules, policies, and procedures.

The **Fiscal/Employer Agent** is a required component of the Self-Direction option and will assist you in managing some of the financial responsibilities of being an employer. The fiscal/employer agent will process your employer-related payroll and deposit and withhold the necessary employment-related taxes on your behalf.

The fiscal/employer agent will verify that your employment-related paperwork, as found in the Start-Up Packet, is completed correctly. The fiscal/employer agent will notify you if there are any errors which prevent your or your employees’ paperwork from being processed. It is important that you submit corrected forms to the fiscal/employer agent in a timely manner to prevent any service delays.

The fiscal/employer agent will also notify you once your potential employees are clear for hire. You must not allow any person/applicant/potential employee to begin working for you until the fiscal/employer agent notifies you that

person/applicant/potential employee is clear for hire. Please note that it will take the fiscal/employer agent approximately four (4) business days to process your employees' required paperwork. If you do not receive notification from the fiscal/employer agent within this timeframe, then you should contact your support coordinator or the fiscal/employer agent.

Twice per month, the fiscal/employer agent will send you and your support coordinator payroll reports of your spending. A sample payroll report can be found in the Start-Up Packet. You should review each payroll report upon receipt to make sure that funds have been spent in a manner consistent with your Plan of Care and the "*Employee Rate Sheet*". Any differences in the payroll report should be reported to your support coordinator.

If you do not receive your report at the end of each payroll, you should contact the fiscal/employer agent or your support coordinator.



Voluntary Termination

You may choose to leave Self-Direction at **anytime** to receive services from a traditional direct service provider agency. You will need to contact your support coordinator so that arrangements can be made to assist you with transitioning to a direct service provider agency. Your support coordinator will provide you with a Freedom of Choice listing so that you can choose an enrolled direct service provider agency in your region.

Participants who choose to voluntarily leave Self-Direction must wait at least 90 days (3 months) before returning to the Self-Direction option.

Involuntary Termination

Participants may be involuntarily terminated from the Self-Direction option if **any** of the following criteria is met:

1. The participant does not receive self-directed services for 90 days (3 months) or more.
2. If at any time OCDD determines that the health, safety, and welfare of the participant is compromised by continued participation in the Self-Direction option.
3. If there is evidence that the participant is no longer able to direct his or her care and the support coordinator agrees that there is no responsible authorized representative to direct the care of the participant.
4. If the participant or his/her authorized representative permits employees to work over the hours approved in the participant's Plan of Care or allowed by the participant's program, over three (3) payment cycles in a year period.
5. If the participant or his/her authorized representative places barriers to the payment of the salaries and related employment taxes of employees over three (3) payment cycles in a year period.
6. If the participant or his/her authorized representative fails to provide documentation of services, such as progress notes, and expenditures or fails to cooperate with the fiscal/employer agent or support coordinator in preparing any additional documentation of services or expenditures.
7. If the participant or his/her authorized representative fails to follow the policies and procedures of the Self-Direction option.
8. If the participant becomes ineligible for Medicaid and/or waiver services.
9. If there is proof of misuse of public funds, such as if the participant or his/her authorized representative commits Medicaid fraud.

Note: The participant may be allowed to return to the Self-Direction option if criteria #1 is met, however, the participant will have to wait at least 90 days (3 months) before returning to the Self-Direction option.

New Opportunities Waiver Participant Discharge Criteria

Participants will be discharged from the New Opportunities Waiver (NOW) and the Self-Direction option if one of the following criteria is met:

1. Loss of Medicaid eligibility as determined by the parish Medicaid Office.
2. Loss of eligibility for an Intermediate Care Facility for the Developmentally Disabled level of care as determined by the OCDD Regional Office/Human Service District/Authority.
3. Incarceration or placement under the jurisdiction of penal authorities, courts or state juvenile authorities for more than thirty (30) days.
4. Change of residence to another state with the intent of becoming a resident of that state.
5. Admission to an Intermediate Care Facility for the Developmentally Disabled facility or nursing facility with the intent to not return to waiver services. The waiver participant may return to waiver services, when documentation is received from the treating physician that the admission is temporary and shall not exceed ninety (90) days. The participant will be discharged from the waiver on the 91st day if the participant is still in the Intermediate Care Facility for the Developmentally Disabled. Payment for NOW services will not be authorized while the participant is in an Intermediate Care Facility for the Developmentally Disabled or in a nursing facility.
6. Determination by the OCDD Regional Office that the participant's health and welfare cannot be assured in the community through the provision of reasonable amounts of waiver services, i.e. the participant presents a danger to himself or others.
7. Failure to cooperate in any eligibility determination process, the initial or annual implementation of the approved Plan of Care, or the responsibilities of the NOW participant.
8. Continuity of stay is interrupted as a result of the participant not receiving NOW services during a period of thirty (30) or more consecutive days. Support coordination is not a service and as such cannot be applied to the continuity of stay rule without the participant receiving another NOW service.
 - a. Continuity of stay will not apply to interruptions in waiver services because of hospitalization or institutionalization (such as admission to an Intermediate Care Facility for the Developmentally Disabled or nursing facility) as long as there is documented expectation from the treating licensed physician that the participant will return to waiver services no later than ninety (90) days from admission to the hospital or institution.

- b. Continuity of stay will not apply if a family member has agreed to provide all needed and paid natural supports as documented in the annual Plan of Care during a non-routine lapse of time in waiver services. This suspension of continuity of stay will not exceed ninety (90) days. During this period, the OCDD will not authorize payment for any waiver services.

Section II: Service Planning and Documentation Requirements

Accessing Services	II-2
Service Planning	II-3
Back-Up and Emergency Planning	II-5
New Opportunities Waiver Self-Directed Services and Limits	II-7
Service Documentation Requirements	II-10
Record Keeping Requirements	II-13
Service Monitoring	II-15
Types of Expenses in Self-Direction	II-16

Accessing Services

The support coordinator/support coordination agency is a resource to assist participants in the coordination of needed supports and services. Participants choose a support coordination agency through a Freedom of Choice listing provided upon acceptance of a waiver opportunity.

Before accessing waiver services, the participant's Louisiana licensed primary care physician must complete the Bureau of Health Services Financing (BHSF) "*Request for Medical Eligibility Determination*" Form 90-L. This form is used by the OCDD Regional Office/Human Service District/Authority to determine if the participant meets the eligibility requirements of his/her respective waiver program. The Form 90-L is provided to participants by their support coordinator.

The Form 90-L must be completed, signed, and dated by the participant's Louisiana licensed primary care physician and be submitted with his/her initial and annual Plan of Care.

Participants receive a copy of the Form 90-L from their support coordinator who will notify them of the deadline for getting the form completed. Participants and their authorized representatives are ultimately responsible for obtaining the completed Form 90-L from their primary care physician within the following timeframes:

- If you are an initial waiver participant, the completed Form 90-L must be submitted to your support coordinator within thirty-five (35) days following linkage to a support coordination agency.
- If you are not an initial waiver participant, then the completed Form 90-L must be submitted to your support coordinator no more than ninety (90) days before the annual Plan of Care start date.



Service Planning

The amount of services required by a participant is documented through a **Plan of Care**. The Plan of Care is developed using a person-centered planning process in collaboration with the participant, his/her support coordinator, his/her authorized representative, and others who the participant wishes to be involved. This group is hereafter referred to as the **support team**.

The Plan of Care is completed by the support team to determine:

- Your needs and the types of tasks required to meet those needs;
- The amount of time, frequency, and duration required for delivery of your services;
- Your personal outcomes, or goals, and the strategies to help you achieve or maintain your personal outcomes; and
- The people who will assist you in meeting your personal outcomes.

The Plan of Care is defined by a specific twelve (12) month period, which is termed the **service year**. This year begins on the date your Plan of Care is approved by the OCDD Regional Office/Human Service District/Authority and lasts for a twelve (12) month period, e.g. July 1, 2008 through June 30, 2009. The original Plan of Care start date and end date will remain the same even if your Plan of Care is amended or revised.

On an **annual** basis, the support team will meet to review and revise your Plan of Care, back-up plan, and emergency evacuation plan for the upcoming service year. Your support coordinator is responsible for submitting your Plan of Care to the OCDD Regional Office/Human Service District/Authority for review and approval on an annual basis. In addition, your support coordinator must submit your approved plan of care (demographic sheet and budget sheets) and any revisions to the fiscal/employer agent once you enroll in Self-Direction.

How Many Hours Am I Approved To Receive Each Week?

Authorized hours, approved by the OCDD Regional Office/Human Service District/Authority, are based on your need for care. These hours belong to you, not the employee.

The hours of services and supports that you can receive each day, to meet your needs and to achieve your personal outcomes, are listed in the **Typical Weekly Schedule** section of your approved Plan of Care, page 10. The Typical Weekly Schedule designates whether the service or support is to be provided by a family, friend, the participant, school, work, paid waiver, or paid support by a code.

If you have regular or on-going night services, then those hours will be listed on the Typical Weekly Schedule also. It is important to make a note of your regular night hours so that it can be coded correctly on your employee's timesheet.

It should be noted that the Typical Weekly Schedule is intended to be flexible as your daily routine may change based on your need or preferences. However, when there are deviations, or differences, in your Typical Weekly Schedule from what is specified in your approved Plan of Care, a progress note must be completed to describe the reason for the deviation, or difference.

The **Typical Alternate Schedule** section of your approved Plan of Care, page 11, identifies the days you will need additional hours of service or supports based on your possible projected needs, for example: holidays, school closures, work schedule changes, etc.

Hours that are not used during the quarter will **not** roll-over to the next quarter nor be available for use during the following quarter.

Remember, you, as the employer, are responsible for keeping track of the hours available for use in Self-Direction. You should never ask your employees to work more than the maximum number of hours per day approved in your Plan of Care or as allowed under the service specifications. If your employee does this, then he/she will not be paid for the extra hours unless the OCDD Regional Office/Human Service District/Authority determines that the extra time was due to extenuating circumstances.

The semi-monthly (twice monthly) payroll report provided by the fiscal/employer agent will let you know how many hours you have used and how many hours you have available for use in Self-Direction. When in doubt, contact your support coordinator for assistance.

Modifications/Revisions to the Plan of Care

You or your authorized representative may request modifications/revisions to your Plan of Care by contacting your support coordinator.

You should contact your support coordinator at least ten (10) days before you know that a routine change in your Plan of Care is needed. Routine changes may include planned vacations, business trips, and day trips.

If there is an emergency situation, then you must notify your support coordinator as soon as possible so that arrangements can be made to modify your Plan of Care. Emergency situations could include Acts of God (hurricanes, tornadoes, fires) or your authorized representative's emergency with a child or other family member.

Remember, you **cannot** implement any changes to your Plan of Care without the prior approval of the OCDD Regional Office/Human Service District/Authority.

Back-Up and Emergency Planning

Your support coordinator will assist you in developing the following:

1. A back-up plan, which will outline what you will do if your employees don't arrive to work as planned; and
2. An emergency evacuation plan, which will describe what you will do in the case of an emergency or disaster.

Your support coordinator will submit your back-up plan and emergency evacuation plan with your Plan of Care to the OCDD Regional Office/Human Service District/Authority for review and approval upon your enrollment in Self-Direction and annually thereafter.

More on Back-Up Planning

As you hire your primary employees, you must also make arrangements for "back-up" employees to fill in when your regular employee is not available and for emergency situations.

Potential back-up employees must complete all of the necessary paperwork to determine employment eligibility, unless they are providing the service as a non-Medicaid paid worker. You may also rely on family, friends, and others to provide assistance in these situations without payment. If you must have services and an employee or caregiver is not available, you may need to access a respite provider if you have Center-Based Respite services approved in your Plan of Care.

Your Plan of Care must include a functional emergency back-up plan to assure that services determined critical to your health and welfare are provided as needed when service delivery is interrupted by the absence of your regular employee.

Methods you may employ for back-up services include:

1. Hire and use paid part-time and/or back-up employees.
2. Discuss options with your family and friends to see what resources and supports may be available to you in your community.
3. Use someone you know to assist you without pay for a short-term period;
4. Other Self-Direction employers may have employees that are part-time and/or want additional hours. As a group, a pool of back-up employees may be available. (The back-up person would need to be "employed" by each Self-Direction employer that he/she works for.)

5. If you have Center-Based Respite service approved on your Plan of Care, then you may need to use these respite services on a short-term basis until your employee is available.
6. Obtain a listing of direct service workers, who meet the established training requirements, in your area. You may obtain this listing by contacting the Self-Direction Program Manager.

More on Emergency Evacuation Planning

An emergency evacuation plan specifies how your needs will be met in the event of a potential emergency situation, such as fires, hurricanes, hazardous material release, tropical storms, flash flooding, ice storms, and terrorist attacks.

You and your employees must participate in regular, planned opportunities to practice your emergency response plan to ensure that it will meet your needs.



New Opportunities Waiver Services and Limits

New Opportunities Waiver (NOW) participants may self-direct the following services, as approved in their Plan of Care:

- Individual and Family Support - DAY
- Individual and Family Support - NIGHT

Your Plan of Care identifies the time and days you are approved to receive Individual and Family Support (IFS) services under the Self-Direction option. Individual and Family Support services are termed Attendant Care Services, or ACS, in your Plan of Care. It is important to note whether you have Individual and Family Support - Day and Individual and Family Support - Night hours listed on your approved Plan of Care as these are paid at different rates and have different codes, and must be coded correctly on your employees' timesheet.

Individual and Family Support - Day

A. Definition

1. Individual and Family Support services are defined as direct support and assistance, which may take place in your home or community, to:
 - Achieve and/or maintain your personal outcomes of increased independence, productivity, and enhanced family functioning;
 - Provide relief of your caregivers; and
 - Provide inclusion in your community.
2. Individual and Family Support services are **not** intended to replace the natural and community supports available to you.
3. The cost of transportation is included in the hourly rate paid to your employee. If your employee provides transportation to you as part of their job duties then he/she must have a current driver's license, current state inspection sticker, and minimum liability car insurance as required by the State of Louisiana.

B. Service Description

1. Individual and Family Support services include the following:
 - a. Assistance and prompting to help you with your personal hygiene, dressing, bathing, grooming, eating, toileting, ambulation or transfers, other personal care and behavioral supports needs, and any medical task which can be delegated by your primary care physician.
 - b. Assistance and training in the performance of tasks to help you maintain a safe, healthy, and stable home, such as: housekeeping; bed making; dusting; vacuuming; laundry; cooking; evacuating the home in an emergency situation; shopping; and money management (including bill paying). This does not include the cost of the supplies needed or the cost of the meals.

- c. Personal support and assistance to help you participate in community, health, and leisure activities.
- d. Support and assistance in helping you develop relationships with your neighbors and others in your community and in helping you strengthen existing social networks.

C. Place of Service

1. Individual and Family Support services **cannot** be provided:
 - a. In your employee's home, unless your employee's home is a certified foster care home.
 - b. In licensed, congregated settings such as: Intermediate Care Facilities for the Developmentally Disabled, community homes, Center-Based Respite facilities, and Day Habilitation programs.
 - c. During the same hours and on the same day as the following New Opportunities Waiver services: Day Habilitation, Supported Employment, Employment-Related Training, Transportation for Day Habilitation and Supported Employment services, Professional Services, Center-Based Respite, and Skilled Nursing.
 - d. Once you are admitted to the hospital. Your employee may accompany you to the hospital and remain with you until you are admitted to the hospital or until a responsible representative (i.e. your parent, legal guardian, other family members, etc) arrives. Your employee will **not** be paid for providing services to you once you are admitted to the hospital. Your employee may begin providing services to you once you are discharged from the hospital.
 - e. Outside the state of Louisiana, unless approved on your Plan of Care. Individual and Family Support services may only be provided outside the state of Louisiana for a documented emergency or a time-limited period which must be pre-approved by the OCDD Regional Office/Human Service District/Authority and be specified on your Plan of Care.
 - f. Outside the United States or territories of the United States.

D. Service Unit and Limitations

1. The employee and the participant must both be present in order for Individual and Family Support services to be provided. The participant must never be left alone when Individual and Family Support services are being provided.
2. The employee must be awake, alert, and available to respond to the participant's needs.
3. The employee may not work more than sixteen (16) hours in a twenty-four (24) hour period, of combined Individual and Family Support Day and Night services, unless there is a documented emergency or a time-limited, non-routine need documented in the participant's approved Plan of Care.

Habitual patterns of an employee working sixteen (16) hours or more will be investigated.

4. Individual and Family Support-Day services may not exceed sixteen (16) hours in a twenty-four (24) hour period, unless an exception is documented in the participant's approved Plan of Care.
5. The billing unit is fifteen (15) minutes.

Individual and Family Support - Night

A. Definition

1. Individual and Family Support - Night services are the availability of direct support and assistance provided to the participant while he/she is asleep.
2. Individual and Family Support - Night services are not limited to traditional night time hours. Night hours are considered to be the period of time when the participant is asleep and there is a reduced frequency and intensity of required assistance.
3. If a participant receives less than twenty-four (24) hours of paid support, the number of Individual and Family Support - Night services he/she receives is based on his/her need and specified in his/her approved Plan of Care.
4. If a participant receives twenty-four (24) hours of paid support, the number of Individual and Family Support - Night services he/she receives must be at least eight (8) hours per day.
5. If your employee provides Individual and Family Support - Night services then he/she must be immediately available and in the same residence as you to be able to respond to your immediate needs. The level of support you need, which is based on frequency and intensity of your needs, is specified in your Plan of Care.
6. Your employee is expected to remain awake and alert while he/she is providing Individual and Family Support - Night services unless otherwise indicated in your approved Plan of Care.

B. Service Unit and Limitations

1. Your employee must be awake, alert, and available to respond to your needs, unless an exception is approved in your Plan of Care.
2. Individual and Family Support-Night must be at least eight (8) hours per day for participants who have twenty-four (24) hour care, but may not exceed twenty-four (24) hours of a combination of Individual and Family Support - Day and Night hours.

C. Other

All other elements of Individual and Family Support - Day apply to Individual and Family Support - Night services with the exception of the above service limitations.

Service Documentation Requirements

You, as the employer, are responsible for ensuring that following service documentation requirements are completed:

- Timesheets
- Progress Notes

Timesheets

Self-directed services must be documented on a timesheet approved by the OCDD, which can be found in the Start-Up Packet.

Timesheets must be filled out correctly and completely and be submitted to the fiscal/employer agent by the payroll due date in order for your employees to be paid timely. Each payroll due date is specified on the payroll schedule found in the Start-Up Packet.

Timesheets may be faxed or submitted online at anytime during the pay period, however they must be sent by the payroll due date. Timesheets sent to the fiscal/employer agent after the payroll due date will be paid on the next payroll.

Timesheets will not be processed by the fiscal/employer agent if required information is missing, such as the employee or participant identification number, service code, dates of services, or employee or employer signature.

For New Opportunities Waiver participants, there are two codes that are used to identify the type of self-directed service you have received:

1. **IFD** will be used to identify Individual and Family Support-**Day** services.
2. **IFN** will be used to identify Individual and Family Support-**Night** services.

You, with assistance from your support coordinator, will need to review your approved Plan of Care to ensure that you are able to identify what time your day and/or night hours begin and what days/times you are approved to receive services.

The employer is responsible for reviewing every timesheet to ensure that it is filled out completely and accurately. Both the employer and the employee must sign each timesheet to attest, or agree, that the hours and services recorded on the timesheet were delivered and received in accordance with the participant's approved Plan of Care. Do not sign blank timesheets.

Medicaid fraud is committed when an employer or employee is untruthful regarding services provided, in order to obtain improper payment. Medicaid fraud is a felony and conviction can lead to substantial penalties. Additionally,

people convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid fraud include:

- Submitting timesheets for services not actually provided (e.g., signing or submitting a timesheet for services which were not actually provided).
- Submitting timesheets for services provided by a different person (e.g., signing or submitting a timesheet for services provided by a different person)
- Submitting twice for the same service (e.g., signing or submitting a timesheet for services which were reimbursed by another source, or signing or submitting a duplicate timesheet for reimbursement from the same source)

As required by the State of Louisiana, suspected cases of fraud will be referred to the Medicaid Fraud Unit for further investigation and possible prosecution.

Remember, any time you allow an employee to work hours that are not approved in your Plan of Care or which are not in agreement with the service definition and limitations, any of following may occur:

- You will be involuntarily terminated from the Self-Direction option;
- Your employee will not be paid for the hours that he/she worked; and/or
- If your employee is paid, the funds paid may be recouped, or taken back.

Employers who allow their employees to work more than the authorized hours are taking advantage of their employees and risk losing them.

Progress Notes

Progress notes are notes that describe your day-to-day activities and progress toward achieving your personal outcomes, as identified in your approved Plan of Care, **which must be completed by your employees.**

Progress notes must be of sufficient content:

- To reflect descriptions of activities, procedures, and incidents,
- To give a picture of the service provided to you,
- To show progress towards your personal outcomes,
- To record any changes in your medical condition, behavior, or home situation which may indicate a need for reassessment and Plan of Care change,
- To reflect each entry in the timesheet, and
- To record any changes or deviations from the Typical Weekly Schedule in your approved Plan of Care.

The following are examples of general terms, when used alone, are **not** sufficient and do not reflect adequate content for progress notes:

- “Supported _____”
- “Assisted _____”
- “_____ is doing fine”
- “_____ had a good day”
- “Prepared meals”

Checklists alone are not adequate documentation for progress notes.

All progress note entries must be legible, written in ink, and must include:

- The name of the person making the entry,
- The title of the person making the entry,
- A legible signature of the person making the entry, and
- The full date of documentation

Progress notes do **not** need to be submitted to the fiscal/employer agent; however, your support coordinator will review your progress notes every quarter to monitor how you are progressing towards your personal outcomes.



Record Keeping Requirements

The “Home Book” contains all of the necessary information about your care, supports, and services, which is typically organized in a binder, and must be kept in your home.

You, as the employer, are required to keep the following records in your “Home Book”:

- The **toll-free number** for your support coordination agency and the Waiver Helpline number;
- Your approved **Plan of Care** and any Revisions;
- The “*OCDD Rights and Responsibilities for Individuals Requesting Home and Community-Based Waiver Services*” form (known as the “**OCDD Rights and Responsibilities**” form);
- Your current **Form 90-L** signed by your Louisiana licensed primary care physician;
- A “**Physician Delegation**” form, signed by your Louisiana physician, for each employee who administers medication to you or performs any medical-related tasks for you;
- The past three (3) months of employee **timesheets**. All other timesheets must be kept in a secure place in your home;
- The past three (3) months of **progress notes**. All other progress notes must be kept in a secure place in your home;
- The past three (3) months of **payroll reports** (as provided by the fiscal/employer agent). All other payroll reports must be kept in a secure place in your home;
- Any **critical incident reports**;
- **Employee Training** documentation (CPR and First Aid certification cards, Direct Service Worker Training certificate, if applicable, and record of disability-related training provided);
- **Job Description(s)** for your employee(s);
- Copy of the employee’s **automobile insurance** or waiver letter;
- **Seizure logs**, if applicable;

A copy of the Employee’s **employment documents**, which includes the following: Employee Rate Form, Form I-9, Form W-4, Employment Application, Provider Agreement, and photocopy of the employee’s Social Security card and ID card must be kept in a secure place in your home, but does not need to be included in your “Home Book”.

All the above named records must be kept in a secure place for the following time period:

- **Five (5) years** from the date of the last payment, or
- Until records are audited and all audit questions are answered.

Record requirements include the following agreements by the employer and participant:

1. **Access:** The Office for Citizens with Developmental Disabilities (OCDD) and all applicable federal, state, and local agencies or their representatives must have access to records to inspect, monitor, or evaluate your records, books, and supporting documents pertaining to services provided and services purchased and compliance with federal and state regulations.
2. **Retention:** The employer must retain most forms while in effect, plus five years after service delivery or termination of the employee, or until all outstanding litigation (lawsuits), claims and audits are resolved. Medical records must be maintained for five (5) years following service delivery.
3. **Maintenance:** Active records must be accessible. Inactive records must be stored and maintained in a safe area to ensure the confidentiality and condition of the records. The stored records must be accessible for inspection. The employer is responsible for adequately maintaining and accessing the records.
4. **Confidentiality:** The employer must not release information about an employee without the written permission of the individual outside of providing the information to the fiscal/employer agent and to related federal and state agencies as required and requested, to include your support coordinator and the OCDD.



Service Monitoring

Your support coordinator is responsible for contacting you at least monthly to make sure that the information contained in your Plan of Care is still accurate, track progress on your personal outcomes as identified on your Plan of Care, and to obtain updated information about your supports.

Once every quarter, or every three (3) months, your support coordinator will schedule a meeting with your support team to:

1. Determine if your personal outcomes, identified on your Plan of Care, have been achieved;
2. Determine if your needs are being met (this includes observing your worker providing services to you);
3. Review the information contained in your “Home Book” for accuracy and completion;
4. Assess your satisfaction with services; and
5. Make necessary changes to your Plan of Care.



Types of Expenses in Self-Direction

The first category is for reimbursing an employee for services delivered in the form of **Wages**, which includes:

- a. Hourly pay;
- b. Taxes; and
- c. Required payroll withholdings.

The second category is the reimbursement of expenses incurred by the employer or others on behalf of the participant in the form of **Employment-Related Expenses**, which includes:

- a. Cardiopulmonary Resuscitation (CPR) and First Aid training/certification approved by the American Heart Association, required for potential employees and current employees.
- b. Direct Service Worker training, provided by an approved agency, required for potential and current employees.

When you pay any of the above allowable and approved Employment-Related Expenses yourself (“out of pocket”) then you must submit the “*Request for Vendor Payment*” form and applicable receipt(s) to the following address for reimbursement:

Office for Citizens with Developmental Disabilities
Attention: Self-Direction Program Manager
P.O. Box 3117
Baton Rouge, LA 70821

The receipt must verify that the expense has been paid and include the following components:

- The specifications of the item purchased;
- Dollar amount of the item purchased;
- Date the item was purchased;
- The vendor’s name and identifying information (address, phone number, company stamp or letterhead);

It will take approximately two (2) weeks from the time you submit your receipt to OCDD before you will receive reimbursement. If the receipt does not contain the above information, then it will be returned to you for correction and follow-up, which will delay the time for you to receive reimbursement.

Remember, all purchases and expenses must be **approved, allowable, necessary, and reasonably priced.**

Section III: Employee Qualifications

Who Can Be An Employee?	III-2
Required Training Certification for Employees	III-3
Criminal Convictions History Check	III-6
Convictions Barring Employment	III-7

Who Can Be An Employee?

The potential employee/applicant must meet the following required qualifications:

1. Be at least 18 years old.
2. Have a high school diploma, GED, trade school diploma, demonstrated competency, or have verifiable work experience in providing support to people with disabilities.
3. Be able to complete the tasks listed on the participant's Plan of Care.
4. Have current certification in Cardio-Pulmonary Resuscitation (CPR) and First Aid, as approved by the American Heart Association.
5. Have completed the Direct Service Worker training, at an approved training facility.
6. Must not be the employer or the employer's spouse.
7. Must not be the participant or the participant's spouse.
8. Must not be a parent, authorized representative, or spouse of an authorized representative, of the participant.
9. Must not live in the same household as the participant.

The fiscal/employer agent will verify that the applicant is not barred from employment based on the results of the criminal background check.

Required Training Certification for Employees

Potential employees must have documentation that they have completed required training certification courses before they will be cleared for hire by the fiscal/employer agent.

The required training courses are as follows:

1. First Aid certification approved by the American Heart Association.
2. Cardiopulmonary Resuscitation (CPR) certification approved by the American Heart Association.
3. Direct Service Worker (DSW) Registry training as provided through an approved training facility.

First Aid & CPR Certification

Employees are required to maintain **current** First Aid and CPR certification approved by the American Heart Association throughout the course of their employment. If your employees' First Aid and CPR certification expires, then they may not be paid for providing services to you under the Self-Direction option.

See the "*CPR & First Aid Training Facilities*" document in the appendix for a listing of training facilities and courses approved by the American Heart Association. You may also go online to the American Heart Association website for a listing of additional training facilities in your area. Just go to www.americanheart.org, then click on the "CPR & ECC" link on the left-hand side of the page, then click on "Find a Class Near You." Once on this page, type in your zip code so that you can view the training facilities near your home. Then choose the "Heartsaver CPR" and/or "HeartSaver First Aid" course, as these are the only two courses that meet the requirements of your program.

Please be aware that your employee must take the CPR course geared toward providing support to an **adult**, at a minimum. If the participant is a minor, then your employee should take the CPR course geared toward providing support to an adult and a child, at a minimum.

Remember, it is your responsibility, as the employer, to ensure that your employees maintain the appropriate training certifications. A copy of the employee's current training certification card(s) must be on file with the fiscal/employer agent before your employees can provide paid services to you.

Direct Service Worker Registry

Employees are required to complete the Direct Service Worker Registry training before the fiscal/employer agent will clear them for hire, unless the employee has an active Direct Service Worker number. The employee must provide documentation to verify that the training was completed or that he/she has an

active/registered Direct Service Worker number before the fiscal/employer agent will clear the employee for hire. Acceptable documentation includes one of the following:

1. An active/registered Direct Service Worker number as listed on the Registry,
2. Certificate of Completion signed by a trainer at an approved facility, or
3. The completed “*Louisiana Direct Service Worker Registry Verification of Direct Service Worker Training*” form (Form DSW 8) signed by a trainer at an approved training facility.

The Direct Service Worker Registry training consist of a minimum of sixteen (16) hours of classroom instructional training, which includes courses on topics such as abuse and neglect, staff ethics, confidentiality requirements, and documentation requirements, and a competency evaluation or test.

The Direct Service Worker Registry training must be provided to your potential employee by an approved training facility. You can receive a listing of approved training facilities in your area by contacting your support coordinator or by going online to the Health Standards Section website at: www.dhh.louisiana.gov/offices/page.asp?id=112&detail=7439, and clicking on the “Approved Training Programs” link.

Once the potential employee completes the Direct Service Worker Registry training and passes the competency evaluation, the training instructor must sign and complete the “*Verification of Direct Service Worker Training*” form (Form DSW 8). The **original**, completed form can be mailed to the following address:

Office for Citizens with Developmental Disabilities
Attn: Self-Direction Program Manager
P.O. Box 3117
Baton Rouge, LA 70821

The potential employee will be assigned a Direct Service Worker number once the Form DSW 8 is processed by the Health Standards Section.

You, as the employer, will need to complete a “*Notification of DSW Employment/Termination*” form (Form HSS-DSW-07) upon hiring a new employee and upon terminating an employee. The **original**, completed form must be mailed to the following address:

Office for Citizens with Developmental Disabilities
Attn: Self-Direction Program Manager
P.O. Box 3117
Baton Rouge, LA 70821

The Direct Service Worker Registry training will not need to be completed annually by the employee, unless the employee does not work at least forty (40) hours in a year period for you.

Employees will be **removed** from the Direct Service Worker Registry and will not be paid for working for you if there is a substantiated report of abuse, neglect, or misappropriation of property against them.

Note: Employers may check to see if a potential employee has completed the Direct Service Worker Registry training requirements and has been assigned a Direct Service Worker Registry number by going online to the Health Standards Section website at:

<https://bhsfweb.dhh.louisiana.gov:444/tlcweb/frmSearch.aspx>.

Criminal Convictions History Check

A criminal conviction history check must be obtained and verified by the fiscal/employer agent before an applicant/potential employee can be hired. This check provides assurance that persons you hire do not have a criminal convictions history that would prevent them from working in a health care setting.

Each applicant must have a criminal convictions history check completed before you can offer the applicant a job and before they perform any work for you. The applicant must authorize the fiscal/employer agent to access his/her criminal convictions history through the “*Criminal Background Search Authorization Form*” found in the Start-Up Packet. The applicant must provide specific information that is required for the criminal convictions history check to be accessed.

The fiscal/employer agent will notify you once the applicant is cleared for hire. It will take the fiscal/employer agent approximately four (4) business days to process the criminal conviction history check. If you do not receive the results within this timeframe you should notify your support coordinator so that he/she can follow-up with the fiscal/employer agent and report the problem to the Self-Direction Program Manager.

Some criminal convictions prevent employment as a paid home care worker under Louisiana Register Volume 29, Number 9, September 20, 2003, Louisiana Revised Statutes 14:403, 14:403.2 XI-B, 40:1300.53, and Children’s Code Title IV. There are no exceptions to this state law.

If there is a criminal conviction history that does not bar employment, you will be given a choice by the fiscal/employer agent to decide if you want the applicant working in your home. If you decide that you still want to hire the applicant then you must complete a “*Criminal Background Check History Acknowledgement and Waiver*” form to acknowledge that you have been informed of the applicant’s criminal conviction history and still want to hire him/her. The completed form must be signed by you, as the employer, and submitted to the fiscal/employer agent before an applicant will be allowed to work for you.

Note: Eligibility for a former employee must be re-established based on the date he/she is re-applying for employment. Eligibility must be confirmed and current as if the former employee had never worked for the employer before.

Convictions Barring Employment

A person may not be employed if he/she has been convicted of an offense listed below:

- ✚ R.S. 14:30 -30.1 (first and second degree murder)
- ✚ R.S. 14:31 (manslaughter)
- ✚ R.S. 14:34 (aggravated battery)
- ✚ R.S. 14:35 (simple battery)
- ✚ R.S. 14:41 - 14:45 (sexual assault)
- ✚ R.S. 14:51 - 14:55 (arson)
- ✚ R.S. 14:60 -14:62.3 (burglary)
- ✚ R.S. 14:64 -14:57 (armed robbery)
- ✚ R.S. 14:67.1 - 14.67.15 (theft)
- ✚ R.S. 14:74 (criminal neglect of family)
- ✚ R.S. 14:78 (incest)
- ✚ R.S. 14:79 (domestic violence)
- ✚ R.S. 14:80 -14:86 (sexual offenses affecting minors)
- ✚ R.S. 14:89 -14:89.1 (crimes against nature)
- ✚ R.S. 14:91 (contributing to the delinquency of a minor)
- ✚ R.S. 14:93 - 14:93.2.1 (cruelty to juveniles)
- ✚ R.S. 14:93.3 - 14:93.5 (offenses affecting the health and safety of the infirm)
- ✚ R.S. 14:106 (obscenity)
- ✚ R.S. 14:282 (operation of places of prostitution)
- ✚ R.S. 14:286 (sale of children)
- ✚ R.S. 14:35.2 (simple battery of the infirm)
- ✚ R.S. 14:93.5 (sexual battery of the infirm)
- ✚ R.S. 14:93.3 (cruelty to the infirmed)
- ✚ R.S. 14.93.4 (exploitation of the infirm)
- ✚ Distribution or possession with intent to distribute controlled dangerous as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.
- ✚ All other offenses as stated in the Louisiana Register Volume 29, Number 9, September 20, 2003, Louisiana Revised Statutes 14:403, 14:403.2 XI-B, 40:1300.53, and Children's Code Title IV apply as well.

Section IV: Recruiting, Interviewing, and Hiring Applicants

Job Description	IV-2
Sample Job Description	IV-3
Recruitment and Advertising	IV-4
Contents of an Advertisement	IV-5
Screening Applicants	IV-6
Conducting an Interview	IV-7
Sample Questions for a Face-to-Face Interview with an Applicant	IV-8
Checking References	IV-10
Making the Decision	IV-11
Steps for Hiring Employees	IV-12
Getting Started with a New Employee	IV-14
Disability-Related Training	IV-15
Sample Documentation of Training Form	IV-16
Setting Employees' Work Schedule	IV-17
Setting Employees' Hourly Pay Rate & Benefits	IV-18
Setting Your Employees' Specific Tasks	IV-18

Job Description

Before talking with prospective employees, you should write out a brief description of the job to provide the person who might become your employee with a description of what he/she would be doing each day he/she works to support you. A job description is used to define the duties and manage the time of your employees. A job description is not meant to replace any training or directions you give your employee. You should have the job description ready to hand out with each interview.

The following are some reasons why it is important to have a job description:

- You, as the employer, will know exactly what help you need.
- It can be used to ask questions when you interview applicants.
- It gives applicants a clear idea of what the position requires.
- After your employee has been hired, it may serve as a checklist of duties.
- It may be used as a way to evaluate your employee's job performance.
- It will help you know what is and what is not okay to ask the employee to do.
- It may help settle disagreements between you and the employee about the duties of the job.
- It helps keep the lines of communication open.

A job description must include the days and times you want the employee to report to work, the employee's duties (including the assistance you need in reaching your personal outcomes as identified in your approved Plan of Care), and any special requirements you have for the employee you hire.

The key to your success as an employer is a specific, easy-to-understand job description for your employee. The job description you prepare must be consistent with your approved Plan of Care and with the service specifications of your program.

Remember, employees are only allowed to help you with the tasks and personal outcomes authorized and approved in your Plan of Care.

Sample Job Description

CRITICAL JOB ELEMENTS:

1. Provide assistant services as assigned, including bathing, dressing, bowel and bladder management, transferring from bed to wheelchair, meal preparation, light housekeeping, and other tasks as requested.
2. Job involves lifting and bending.
3. Limited amount of travel.

HOURS:

Monday - Friday: hours are from 8:00 A.M. to 2:00 P.M.

Saturday and Sunday: hours are from 10:00 A.M. to 6:00 P.M.

KNOWLEDGE, SKILLS, ABILITIES:

1. Assistant must be reliable, punctual, neat, and organized, willing to perform tasks as requested, willing to learn job requirements, able to follow instructions. I am looking for someone who wants job on a long-term basis and who agrees to follow health and safety precautions.
2. No prior experience is required; must be willing to learn.
3. Be certified in CPR/First Aid and maintain certification during employment.

OTHER REQUIREMENTS/CONSIDERATIONS:

1. If assistant decides to discontinue employment, he/she must be willing to continue working until a replacement is found.
2. Prefer non-smoker, no pets, no children brought into my home and no personal visitors while on the job; not to use any of my personal possessions to include food and use of my telephone.

COMPENSATION:

Assistant receives salary equal to minimum wage or more.

Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Recruitment and Advertising

Now that you have completed the job description, you are ready to recruit and advertise for potential employees. There are many methods of advertising and recruitment that you can utilize when looking for good, dependable employees. Do not discount any possibility. Below are some suggestions for finding prospective employees:

1. Newspaper Advertisements

Classified ads in newspapers are an efficient method to reach a large audience. Neighborhood newspapers are cheaper than major citywide newspapers, and are good to target potential employees who live closer to your home.

2. Local Newsletters

Sometimes disability and other community organizations and churches will run short ads in their newsletters.

3. Colleges and Universities

Colleges can be an excellent source for finding employees. Many students are looking for extra income to help them through college. Students that have majors in the area of health and human services are often looking for work experience. To advertise a position, contact the career placement office or the student housing office on campus. You might also try health related education departments such as physical therapy, occupational therapy, and nursing.

4. Word of Mouth

Don't forget to ask family, friends and neighbors if they, or if they know of anyone who would make a good employee for you. Let them know what qualifications you are looking for, and ask them to tell others about the position, too.

5. Local Agencies

Social service organizations often keep a registry or list of direct service workers who may have received some basic training or have work experience. You can obtain a listing of direct service workers, who meet the established training requirements, in your area by submitting the completed "*Agreement to Access the Direct Service Worker Registry Listing*" form to the Self-Direction Program Manager.

6. Bulletin Boards in High Traffic Areas

Hang flyers on bulletin boards in high traffic areas, such as: grocery stores, banks, apartment buildings, restaurants, community centers, and churches.

7. Local Employment Offices/Rehabilitation Agencies

One source often overlooked is rehabilitation agencies.

8. Networking

Exchange of information, names, resources, and services among and between individuals.

Contents of an Advertisement

The more complete the information in the advertisement, the more you can be sure that the prospects that contact you are truly interested, and potentially qualified for the job. It is a good idea to include:

1. Your first name (It is recommended that you **not** use your last name.)
2. Job title and a short description of the job
3. Phone number

Helpful information you may include:

1. Hours
2. Qualifications required
3. Compensation and benefits offered
4. General Location (i.e. near downtown New Orleans)

It is **not** a good idea to include your address or other private information in the advertisement.

You may want to have your first meeting with an applicant in a public place rather than in your home.

The following is a sample advertisement that you can use as a guide:

Personal Attendant - Needed to assist male with quadriplegia with personal care, shopping, light housekeeping. Part-time, 4 days/week. Flexible schedule available. Drivers license preferred. This is an ideal position for a college student. Prime location near Southeastern Louisiana University. \$___/hr. Call (985) 111-1111 evenings for more information.

Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Screening Applicants

The Initial Telephone Contact

1. Give a brief description of the duties of the position, amount of hours the job requires, and the amount and method of pay and any benefits you will be providing.
2. If the applicant is interested, ask the applicable questions, and record answers:
 - a. Will you give me your name, phone where you can be reached, and address?
 - b. What days/hours are you available to work? Do you have any restraints on your schedule that I need to consider? Are there days you definitely cannot work?
 - c. Have you ever assisted or worked for a person with a disability before? (If yes) Tell me a little about the kinds of tasks you performed.
 - d. Do you have reliable transportation?
 - e. Are you at least 18 years of age and do you have a valid Social Security number?
 - f. Do you smoke?
 - g. Are you allergic to pets? (If you have a pet in your home)
 - h. Are there tasks you object to performing (i.e. bathing, toileting, and dressing)?
 - i. Do you have any experience in lifting, transferring, and positioning? (If you need assistance with these activities)
 - j. Can you cook and would you mind doing housework?
3. Tell the person you will call back to make an appointment for an interview (if you are interested in a face-to-face interview). Ask them to bring a Louisiana Identification Card or Drivers License, Social Security card, proof of automobile insurance (if they will be driving his/her own car as part of the job), names and numbers of at least three (3) references, and proof of address when they come for an interview. You may consider meeting at a "neutral" location outside of your home for personal safety purposes.
4. Even if the person is unsuitable for the job, always thank them for their interest.

Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities* by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Conducting an Interview

The Personal Interview:

Call those applicants that appeared to be good prospects and schedule each for a face-to-face interview, preferably in a nearby neutral location. Allow plenty of time between each interview. About one hour for each interview is usually good. The interview is important because this is the time when you let the applicant know about the job in detail and gather information about the person that you may hire as an employee. Consider asking a friend or family member to join you so that you can compare your assessments of the applicant.

When the applicant arrives there are a few suggestions that can make the interview successful. Some things may need to be repeated from the telephone contact for clarification purposes:

1. Help the person feel as comfortable as possible, and get to know each other a little.
2. Tell the person about your disability in general. You will speak more in specifics during training if the applicant is hired.
3. Ask the applicant to see his/her identification. Examples include a valid Louisiana Drivers License or Identification Card with a picture, and Social Security card.
4. Ask the applicant to fill out an employment application. Employment applications are useful because they are a good way to keep up with the persons that you have interviewed. They also simplify record keeping and are an easy way to have quick access to the information you will need to make a final decision. It will give you good information to ask questions about during the interview as well as provide a good resource for back-up or substitute workers if your regular employee is unable to get to work.
5. Give him/her a copy of your job description to read and explain the duties and responsibilities of the job thoroughly. Ask if he/she can safely perform the functions of the job (i.e. lifting, transferring, etc.).
6. Ask the applicant to tell you about him/herself. Be sure to ask questions about past work history, reasons for leaving other employment, any past experience with personal assistance, and why they are interested in this position. Ask if you may contact former employers for a job reference. Ask about their career goals and why they are pursuing this type of work.
7. Describe the work schedule, pay method, any benefits and leave plan, and your method of evaluating an employee.
8. Give the applicant an opportunity to ask questions.
9. Tell the applicant you will call as soon as you make a decision (Be sure to contact the applicant even if you decide not to hire him/her). Thank them for their interest and time.

Sample Questions for a Face-to-Face Interview with an Applicant

The following are a few sample questions you can ask during the personal interview to help choose your assistant:

1. How far do you live from here? (Turnover tends to be higher among workers who commute long distances.)
2. Have you had any experience giving personal care
3. Tell me how you approach multiple tasks to ensure that all are performed.
4. Are you comfortable performing personal care duties such as bathing and toileting?
5. What do you think will be the best and worst part of this job? What did you like best and least about your last job?
6. What are your best and worst qualities?
7. Why are you interested in being a personal assistant?
8. Give me an example of how you have handled disagreements with your past employers.
9. Describe a hypothetical "scenario," and ask what the applicant would do in that situation.



When interviewing applicants, apply the same standard that is applied to selection of job applications - ask only about things that are directly related to the job requirements for the position under consideration. Do not ask personal questions that do not apply directly to the job requirements. Remember, it is against the law, to discriminate against an applicant because of his/her race, color, religion, gender, sexual orientation, natural origin, or disability.

The following are guidelines on what you can or cannot ask during an interview:

Subject	Do NOT Ask or Do	May Ask or Do
Marital Status	Are you married? Single? Divorced? Engaged? Separated? Maiden Name?	AFTER hire, marital status for insurance or tax purposes
Children	Do you have children at home? How old? Who takes care of them? Do you plan to have children?	AFTER hire, number and ages of children for insurance needs only.
Housing	Do you own your home? Do you rent? Do you live in an apartment or a house?	If you have no telephone, how can I reach you?
Criminal record	Have you ever been arrested or spent time in jail?	Have you ever been convicted of a serious crime?
Military status	What type of military discharge do you have? In what branch did you serve?	Are you a veteran? Do you have job-related military experience?
National origin	Of what country are you a citizen? Nationality of your parents? Native born or naturalized? What languages do you use?	Are you a U.S. citizen? If not, do you have the legal right to remain permanently in the U.S?
Age	How old are you?	Are you over 18? AFTER hire, exact age or date of birth can be asked.
Ethnic background	Any questions about ethnic origin are not permitted nor are any comments regarding complexion of color on skin.	
Religion		AFTER hire, you may ask about religious observances that may interfere with work.

Checking References

Before you decide which applicant(s) you want to hire, check his/her work and personal references. Checking references is essential. It will give you valuable information about the applicant. Be sure to ask the applicant if you may contact his/her current employer for a reference check.

You can ask the following, but the previous employer is not legally required to provide you the information:

1. Did (name of applicant) work with you during (dates of employment)?
2. What kind of work did he/she do for you?
3. Why did (name of applicant) stop working for you?
4. Did he/she arrive to work on time?
5. Would you hire him/her again?
6. What were his/her strengths?
7. What could have been improved about his/her job performance?

According to Americare, Inc., if the applicant has held three or more jobs in the last five years, it is a sign he/she may not last.

Be sure to check work and personal references.



Excerpt from Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities

Making the Decision

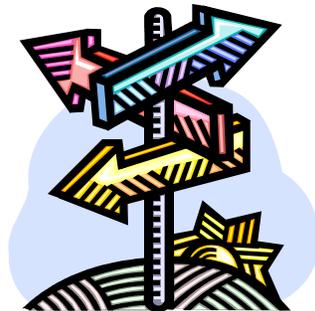
It is important to think carefully about the people that you have interviewed. Think about the information you received from the interviews and how the person responded. **How something is said can be as important as what is said.** Think about what the references told you.

Here are some questions you may want to ask yourself as you consider the people you interviewed:

- Was there anything that stood out in the interviews?
- Did you feel comfortable with this person?
- Did he/she seem uncomfortable about some of your questions? Which ones?

If you are having trouble deciding, talk to a friend or relative. Sometimes talking about things with someone else can help you decide which applicant is the best choice.

If you have decided on a person to hire, contact the potential employee and ask if he/she is still interested in the job. If he/she is, then ask them to complete the required forms in the Start-Up Packet which are listed on the following page.



Steps for Hiring Employees

The following steps will need to be completed in order to hire an employee:

1. Select the applicant(s) who you think would be the best employee for you, based on your individual needs, and have him/her complete the Employment Application form located in the Start-Up Packet.
2. Make sure the applicant has **CPR and First Aid certification card(s)** (as approved by the American Heart Association) and proof of **Direct Service Worker training** (as provided by an approved training facility) and make a copy of the forms/certificates for your records and to attach to the “*Applicant Verification*” form.
3. Have your support coordinator complete the “*Applicant Verification*” form to ensure that the applicant meets the requirements of your program.
4. Have the potential employee fill out the required forms located in the Start-Up Packet. These forms include:
 - a. **Form I-9**, Employment Eligibility Verification. This is a Federal form used to make sure that your employee is able to work in the United States. You, as the employer, must fill out Section II of this form.
 - b. Photocopy of **Social Security card** and **Identification card** (see the back of Form I-9 for more information on acceptable Identification cards)
 - c. **Form W-4**, Employee’s Withholding Allowance Certificate. This form must be completed so that the correct federal income tax can be deducted from your employee’s pay.
 - d. **Form L-4**, Louisiana Employee Withholding Exemption Certificate. This form must be completed so that the correct state income tax can be deducted from your employee’s pay.
 - e. **Pay Selection Option for Employee** form. This form allows your employee to choose how he/she would like to be paid (paper check, pay card, direct deposit)
 - f. Authorization for Direct Deposit (optional). This form must be completed if your employee chooses to have payment deposited directly into his/her account.
 - g. **Provider Agreement**. This form establishes a payment agreement between the fiscal/employer agent and your employee, and is a Federal requirement.
 - h. **Criminal Background Search Authorization** form. This form allows the fiscal/employer agent to conduct a criminal background check on your potential employee.

- i. **Waiver for Proof of Insurance form.** This form is needed if your employee will not provide transportation to you. If your employee will provide transportation to you then he/she must provide proof of minimum automobile insurance as required by the state of Louisiana.
5. Complete the “**Employee Rate Form**” to set a rate of pay for your employee within the limits specified.
6. Fax all the above items in numbers 2 through 5 to the fiscal/employer agent.
7. Wait until the fiscal/employer agent notifies you that the applicant is clear for hire before you allow the applicant to do any work for you. The fiscal/employer agent must notify you of an applicant’s employment eligibility within four (4) business days.
8. Notify the applicant of his/her **start date**, which can be no earlier than the date the fiscal/employer agent clears the applicant for hire.
9. Complete the “**Verification of Employment or Termination**” form and mail it to the Self-Direction Program Manager.



Getting Started with a New Employee

After the applicant has been cleared for hire by the fiscal/employer agent, he/she may begin working with you. On your employee's first work day, you should summarize many of the things you discussed during the job interview. You will review the authorized tasks that the employee will be doing for you, showing the employee where necessary supplies are kept and how you would like things done, and you will go over the employee's work schedule so that you are both clear on what days the employee will be coming, how many hours the employee will work each day, and the procedure for completing timesheets and progress notes. Then, you will want to share with the employee all of the information that he/she needs to give you the best care and protect you if an emergency occurs. Employees need to know the following information:

- Any health issues you have that will require special actions on the employee's part.
- How to correctly use any special equipment that helps you with your daily activities or maintains your health.
- Any allergies or special dietary concerns and how you would like the employee to respond to these concerns.
- If you need assistance with self-administration of medication. Your physician will need to sign a "*Physician Delegation*" form for each employee who will need to administer medication to you or perform any medical-related tasks for you.
- Who to contact in case of an emergency.
- How to get out of the house in case of an emergency.
- The best times for you to contact each other and the phone numbers where each of you can be reached.

You should be sure that each employee agrees to the following:

1. The specific tasks he/she will perform for you;
2. The hours and days he/she is expected to work and the need for advanced notice to you when he/she is unable to work the scheduled hours;
3. The rate of pay, pay period, and pay days;
4. Overall expectations related to his/her job performance; and
5. Under what conditions he/she may be released or fired from his/her duties.

Disability-Related Training

You, as the employer, are responsible for providing disability-related training for your employees including:

1. Nature of your disability;
2. Types of care you need;
3. Emergency preparedness; and
4. Steps in carrying out assigned tasks & procedures.

Training is one of the most important parts of managing your employees. You are the expert in knowing your care needs. Even experienced employees need to be trained in how you want things done.

There is more than one way to train employees. Some people will respond well to oral directions while others may respond better to hands-on demonstrations.

If you are training a new employee, here are things that you may want to do:

- ✚ Talk about your disability and how it affects your life.
- ✚ Give a lot of examples and explain any technical terms you use.
- ✚ Talk about any symptoms or health concerns they need to be aware of. Include anything that may arise and how to handle the situation.
- ✚ As you go through your routine, explain why tasks need to be done. This will help your employee realize the importance of these tasks.
- ✚ Provide training on how to operate any life support equipment you have. Include how to properly handle and clean this equipment or any other medical supplies you use.
- ✚ Ask for feedback about how you are explaining things. Maybe there is a way you could be clearer in your explanations.
- ✚ Stress the importance of documentation of tasks and times.

By providing good training up front, you may increase the chances of your employee being able to be more effective at their job. Taking more time to provide training in the beginning can lead to better overall results. Be patient with your employees; learning how to do new things may take awhile. Don't become frustrated if your employee does not catch on right away.

You must document the disability-related training provided to your employees and keep a copy of the documentation in your "Home Book." Documentation should include the name of the employee, the date(s) the training was provided, and topics covered. For documentation purposes, you can use the sample "*Documentation of Training*" form on the following page as a guide, create your own form and/or certificate, and/or make a copy of the training certificate the employee received for completing training at a facility.

Sample Documentation of Training Form

EMPLOYEE'S NAME: <i>Stephanie Smith</i>	DATE: <i>January 4, 2010</i>
TRAINING TOPICS COVERED: 1. <i>Seizure protocol</i> 2. <i>Emergency evacuation procedure practice</i>	
EMPLOYER'S SIGNATURE: <i>Justin Harper</i>	EMPLOYEE'S SIGNATURE: <i>Suzanne Smith</i>

Setting Employees' Work Schedule

You will set your employees' work schedule based on the self-directed hours that are available and approved in your Plan of Care and based on the service specifications for the service that your employee will be providing. The schedule that is developed should meet your needs and be clear to both you and your employee(s).

Here are some suggestions, to develop a schedule:

- Schedule your employee(s) on a monthly basis. If changes need to happen, there is time to work out the details.
- Post the schedule in at least one place.
- Give a copy of the schedule to your employees.
- Give advance notice for schedule changes (both you and the employee). For example, if you are going on vacation, tell your employees ahead of time about the change in the work schedule.

Specify with your employee the hours, the number of hours per day, and days per week that you expect him/her to be on the job. Stress the importance of a regular schedule and advanced notice of days or hours they are not available. Stress arriving and leaving on time.



Setting Employees' Hourly Pay Rates & Benefits

You, as the employer, will set an hourly pay rate for your employees. The "*Employee Rate Form*" as found in the fiscal/employer agent's Start-Up Packet must be completed for each employee and signed by the employer to establish an hourly pay rate for your employees.

Check the "Paying for Your Supports" section in the Start-Up Packet to find out what how much you can pay your employees for each service. Remember, day and night services have different maximum pay rates.

If you want to change your employee's hourly pay rate, then you will need to complete a new "*Employee Rate Form*." The completed form must be sent to the fiscal/employer agent for processing.

Setting Your Employees' Specific Tasks

Tasks are activities that employees do to assist you in maintaining your independence and meeting your personal outcomes. Examples of tasks include assistance with bathing, driving, cleaning, and cooking. Remember, employees need to document the tasks they complete on a daily basis.

Tasks can be scheduled on a daily basis and/or on a weekly basis. Here is an example of a morning task schedule:

6:00 – 6:30	Get up, assist with showering, dressing, and brushing hair and teeth
6:45 – 7:15	Make breakfast, assist with eating, clean up dishes
7:15 – 7:45	Assist with toileting, make lunch, take medications
8:00	Wait and assist with carpool to work Shift done after leaving for work with carpool

Here is an example of a weekly task schedule:

Monday	Daily tasks and pool therapy
Tuesday	Daily tasks, ironing, clean bathrooms
Wednesday	Daily tasks, clean kitchen and refrigerator
Thursday	Daily tasks and pool therapy
Friday	Daily tasks and clean bathroom and living room
Saturday	Daily tasks and laundry
Sunday	Daily tasks, grocery shopping, and errands

Remember, you will set your employees' specific tasks based on your personal outcomes and needs, as specified in your approved Plan of Care, and on the service specifications for the service your employee will be providing. Your employee's specific tasks should be listed on his/her job description.



Section V: Managing Employees

Managing Your Employees	V-2
Conflict Resolution	V-3
Termination of Employment	V-4
Performance Evaluations	V-5
Sample Performance Evaluation	V-6

Managing Your Employees

Overall Expectations for your Employees

It is important for you, the employer, and your employees to discuss your expectations, the importance of having open communication, and how the employee's job performance will be evaluated. Both you and the employee will have expectations of each other. You will want to talk about how issues will be addressed and resolved and the communication style you respond to best. The following open-ended questions are a guide to start the communication process:

Discussions you should have with each employee:

1. What I expect from you is
2. What you should expect from me

Issues you should address with each employee at the start of employment:

1. My approach to dealing with problems or issues is . . .
2. Your performance will be evaluated using the following criteria . .
3. Some of the reasons for dismissal from this job are (examples: abuse, neglect, exploitation, unexcused absences, etc)

Documentation of Management Activities

You should document employee-related issues that may or may not lead to termination of the employee.

Documentation of events leading up to termination of an employee may be necessary to prevent your account from being charged additional unemployment taxes.

1. If the employee files a wrongful termination complaint with the Louisiana Workforce Commission, the documentation will be required to defend your actions in a hearing.
2. If the employee files a complaint of discrimination with Louisiana Workforce Commission or the Equal Employment Opportunity Commission, the documentation will be required to defend your actions in a hearing or a wrongful discharge or discrimination lawsuit.

Documentation of events leading up to termination of an employee should be documented to prevent misunderstandings and confusion and to document how you have tried to resolve the issue.

Conflict Resolution

As with any employment situation, there will to be some areas of conflict at times between you as the employer, and your employee. Sometimes conflict is due to poor job performance on the part of the employee. Perhaps the training received did not address procedures and techniques that you need the employee to perform. If you suspect this might be the case, re-train your employee on the aspects of the job that are causing him/her difficulty. Many times this "refresher course" will solve what seems to be a serious problem.

Punctuality (arriving on time, following work schedule, doing tasks at specified times) is a frequent problem for some people. If a pattern begins, confront the employee as soon as possible. Convey the importance of timeliness to your life. Get him/her to agree to a timeframe. If the employee continues to violate that timeframe, let him/her go. Be sure to document all problems and conversations about problems.

There are other times when an employee and employer simply just do not get along due to personality differences. Perhaps the person you thought would be a perfect employee turns out just the opposite. Document problems, conversations, training, and other steps used. Before you give up completely on the relationship here are a few suggestions to try to solve the problem:

1. **Keep the lines of communication open.** When a conflict arises, do not shut down. Keep talking, and try to find out the true reasons behind misconduct. The problem will not go away by ignoring it.
2. **Bring in a third person to help settle the conflict.** A mediator, who is objective and neutral about the situation, can often find a resolution that both parties can live with.
3. **Look to your written agreement for resolution.** A written agreement helps prevent or clear up disagreements about duties, salary, time off and benefits. This is another good reason to have a complete clearly written agreement between you and your employee.
4. **Look for compromise in genuine differences of opinion.**

Termination of Employment

If all else fails, then you must take the responsibility of terminating (firing or dismissing) the employee. It may be due to failure to follow safety procedures, chronic lateness, inability to follow directions, or personality conflicts, but whatever the reason, it is never easy to do. The exact method you use is up to you.

You must notify the fiscal/employer agent whenever you terminate an employee or when an employee stops working for you. You must also mail the completed "Verification of Employment or Termination" form to the Self-Direction Program Manager.

It is recommended that you make arrangements for back-up coverage prior to terminating an employee. You may refer to "Protecting Your Personal Property and Personal Safety" section in this packet for more information.

Below are suggested ways to handle the difficult task of terminating an employee:

1. Do it in person (yourself), or do it over the phone if you feel more comfortable with this approach. (You may want to have third party [a neighbor, friend or relative] with you when you terminate an employee.)
2. It is your choice as to whether or not you give the traditional two-week notice.
3. Do not drag it out, be direct, and come straight to the point.
4. Some suggested methods of communicating the termination are: "I am sorry, but I do not feel you are appropriate for this job,"...."you are not fulfilling your job obligations,"....or "I won't need your services anymore."
5. Be sure to have the employee sign his/her current timesheet before leaving. Submit the timesheet to the fiscal/employer agent with termination information. When the employer terminates an employee, the fiscal/employer agent must process the last paycheck within a certain number of days based on state law.
6. If the employee has a key to your residence or anything (credit cards, ATM card, etc.) that must be returned to you, be sure to collect the items before the last paycheck is delivered.
7. Watch what you say to others about the situation, especially to other employees. It is best to maintain confidentiality related to employee issues.

8. Analyze what went wrong to avoid similar situations in the future with other employees. Be proactive when similar situations occur with others.

Remember, it is against the law to terminate or lay off an employee because of his/her age, race, religion, gender, sexual orientation, national origin, or disability

Performance Evaluations

Give your employees a copy of the job description when they first start working so they will know the areas in which they will be reviewed. Also let them know if a pay raise is attached to results of their evaluation. You should have on-going conversations with each employee so that he/she will know if he/she is meeting your expectations. If there are problems, you should address the issues with the employee immediately (document these incidents).

As an employer, you should be proactive in dealing with employee job performance issues and conflicts. Proactive means to address a situation before it becomes a problem. There should be no negative issues in the performance evaluation that has not already been discussed with your employee.

When you meet with your employee for the evaluation, there should be two-way communication – you listen to the employee and the employee listens to you. Have some ideas of what you want to say in each area of the evaluation but also be prepared to listen to comments from your employee.

It is a good idea to conduct at least an annual evaluation of your employee's job performance.

The following is a sample evaluation you can use or adapt for use with your employee.

Performance Evaluation

Employee's Name: _____ Date of Hire: _____

Each area is coded as follows:

1 (poor), 2 (below expectations), 3 (mostly meets expectations),
4 (meets expectations), 5 (exceeds expectations)

Area evaluated	1	2	3	4	5
1. Punctuality Comments:					
2. Reliability Comments:					
3. Ability to do required tasks Comments:					
4. Respectful Comments:					
5. Shows initiative Comments:					
6. Organized Comments:					
7. Other: Comments:					

Goals for next 6 months / year:

Employee comments:

Signature of Employer: _____ Date: _____

Signature of Employee: _____ Date: _____

Section VI: Safety and Welfare

Employer Liability	VI-2
Universal Precautions	VI-3
Protecting Your Property and Personal Safety	VI-4
Critical Incident Reporting Requirements	VI-6
Where to Get Help	VI-9

Employer Liability

Your employees should not be subjected to circumstances that would create a hostile work environment. Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of his/her age, race, color, religion, gender, natural origin, or disability. In addition, the work environment must be free from recognized hazards that are causing or likely to cause death or serious physical harm.

The employer retains control over the hiring, training, managing, and firing of employees providing services, and as such only the employer is responsible and liable for any negligent acts or omissions by the employee, the employer, the participant, the authorized representative, or by other people in the workplace.

Workers compensation insurance is required as part of participation in the Self-Direction option. Workers compensation insurance covers an employee's on-the-job injury. Upon enrollment, your employees are automatically covered by workers compensation insurance.

Remember, employees of participants in the Self-Direction option are **not** employees of the fiscal/employer agent, the Office for Citizens with Developmental Disabilities (OCDD), or any other state or federal agency.

Work-Related Injuries:

Employers should require employees to immediately report any/all injuries or illnesses received on the job. The employer may also require that the employee document the injury (what, how, when, where, witnesses, injury, etc.) in a written report to file in the employee's file. The employer may determine from the report that additional training and/or safety measures are needed to prevent a reoccurrence of each injury/incident. **The employer must notify the fiscal/employer agent as soon as possible of any injuries or illnesses received on the job by the employee.**

Non-Work Related Injuries:

The employee is not provided coverage/benefits in these programs, on or off the job, if/when:

- the injury occurred while the employee was intoxicated,
- the employee injured himself or herself intentionally or while unlawfully attempting to injure someone else,
- the employee was injured by another person for personal reasons,
- the employee was injured while voluntarily participating in an off-work activity,
- the employee was injured by an Act of God,
- the injury occurred during horseplay, and/or
- the injury was not sustained while at work or during work.

Universal Precautions

Universal Precautions requires that ALL blood and body fluids should be regarded as potentially infectious and appropriate protective action taken in ALL situations, with ALL people.

Wash your hands for 30 seconds after contact with blood and other body fluids that have come in contact with blood. (*Wash inside and outsides of hands, between fingers and under fingernails.*)

1. Wear disposable latex gloves when you encounter large amounts of blood, especially when you have open cuts or chapped skin. Wash your hands as soon as you take off your gloves. (*Put gloves on, perform task, remove gloves, dispose of gloves and then wash hands as noted in item #1.*)
2. Throwaway blood stained material in a sealed plastic bag and place it in a lined, covered garbage container. (*Put gloves and paper towels in a plastic bag, tie the bag shut and dispose of the bag in a lined, covered garbage container.*)
3. Cover cuts and scratches with a bandage until healed. (*Place a clean bandage over wound prior to beginning work each day.*)
4. Use disposable absorbent material, such as paper towels, to stop bleeding. (*Fold several paper towels together and apply direct pressure to a wound; review proper disposal of used paper towels in item #3.*)
5. Immediately clean up blood-soiled surfaces and disinfect with a fresh solution of one part bleach and nine parts water. (*Measuring the bleach and water solution into the spray bottle. Spray the blood or other fluids and wipe up with paper towels. Dispose of paper towels as reviewed in item #3.*)
6. Put blood stained laundry in sealed plastic bags. Machine-wash separately in hot soapy water. (*Placing blood-soiled laundry in a plastic bag and tie the bag; wash the contents of the bag in hot water, separate from any other laundry.*)

QUESTION: Why is it important to protect yourself from blood and body fluids?

ANSWER: *Diseases and viruses are carried in blood and other body fluids.*

QUESTION: If someone is injured and bleeding, what steps should you take?

ANSWER: Check the immediate to make sure it is safe for you, check the victim, call 911 for help, and apply pressure to the wound until help arrives.

Be sure to ALWAYS use Universal Precautions in ALL settings to clean up blood and body fluids as outlined above.

Protecting Your Property and Personal Safety

Following are tips on protecting your property and personal safety.

To protect your property:

1. **Make an inventory.** You should list valuable items, the date of purchase, and the original price. Save receipts and serial numbers if possible. Better yet, take photographs or make a video recording of your valuables. Give a copy of your inventory to your insurance agent, family member, and friend; and/or put another in a safe, or safe deposit box. If you have a loss, it will help establish proof of value for filing an insurance claim.
2. **Mark valuable items.** Marking things a thief would be likely to steal, like the TV and stereo, will help police trace them and return them to you if they are recovered. Use an engraving pen. Many times they're available for loan from your police station. Ask the police which numbers to use. Usually your driver's license number with state abbreviation or your social security number is recommended.
3. Everything should have a **place** known to you and should be kept in that place. Make it evident that you are aware of your surroundings, your possessions, and where those items belong through casual conversation.
4. Keep an **inventory** of your consumables (food, supplies, etc.). Keeping close tabs on your consumables can help to control purchasing.
5. You may consider purchasing a homeowner's or rental insurance policy to help you recover some of your property in case of fire, flood, theft, or other loss.
6. When you must terminate an employee, check your telephone bill and make sure there are no phone calls charged to your number by an ex-employee.
7. Check credit card bills for charges you did not make, and if you allowed your employee to withdraw money with your ATM, change your PIN number.
8. Be sure to get your keys from your employee when you are terminating. Change your locks if the employee does not return your keys.
9. If the ex-employee threatens you during the termination conference, be sure to notify your support coordinator of the threat. You may need to contact the police. You should notify neighbors and others that you have terminated the employee. Ask neighbors to check on you if they see the ex-employee's car or the ex-employee around your house.

To Protect Your Personal Safety:

1. You have the right to be treated and to receive program services without being taken advantage of sexually, financially, or in any other manner, and to terminate exploitive or abusive relationships. If you feel that a behavior an employee or anyone is displaying toward you is inappropriate, **talk to someone you can trust** about the situation. It can help to get a second opinion of the situation and how to handle it.
2. Remember that criminals often enter through unlocked doors or windows. **Keep your doors locked** - especially at night. If it is a friend at the door, he or she won't mind waiting on you to open the door. You may want to ask friends and family members to call before coming over so you are expecting them.
3. If you suspect someone is trying to get into your home, **call 911**. Even if you are not sure, it is best to **call 911**. If it is an employee or someone else you know, but they are acting suspiciously, call the police.
4. Most sexual abuse happens with someone known to the person. Remember you have **the right to say no** to any unwanted touch, whether it is an employee, a romantic partner, friend, or family member.
5. If you receive an unwanted sexual touch from an employee, be aware that it is a violation of professional ethics, your rights and the law. **Report it as soon as you can** to the police by calling **911**. For support, call your local rape crisis center and/or a personal counselor.
6. **Trust your gut feeling**. If you feel unsafe, terminate the relationship with the other person.
7. Have trusted friends and family handle things that you do not feel comfortable delegating to an employee (i.e. assistance with financial matters). Let your employees know that **your friends and family are watching out for your well-being**. Let neighbors you trust know your schedule and ask them to keep an eye on your home. You may also want to ask friends and family members to call or drop by to visit while a new employee is in your home.
8. If you are experiencing **abuse, neglect, exploitation, or extortion** call law enforcement immediately then notify your support coordinator as soon as possible.
9. **Always dial 911 in an emergency and for immediate assistance.**

Excerpt from *Recruiting, Managing, and Training of Personal Assistants: A Handbook for People with Disabilities by the Coalition of Texans with Disabilities and the Texas Planning Council for Developmental Disabilities*.

Critical Incident Reporting Requirements

In accordance with Louisiana law, “**any** person who has knowledge that a state law, minimum standard, rule, regulation, plan of correction promulgated by the department, or any federal certification rule pertaining to a health care provider has been violated, or who otherwise has knowledge that a [participant] has not been receiving care and treatment to which he is entitled under state or federal laws, may submit a report regarding such matter to the department. “ Further, "Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation or extortion shall report to the adult protection agency or to law enforcement."

This means that the following critical incidents must be reported **as soon as possible** to the participant’s support coordinator:

- Abuse (adult/elderly): The infliction of physical or mental injury on a participant by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered. (Louisiana Revised Statutes 14:403.2).
- Abuse (child): Any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child including:
 - The infliction or attempted infliction or attempted infliction, or, as a result of inadequate supervision, the allowance of or toleration of the infliction or attempted infliction of physical or mental injury upon the child by a parent or by any other person.
 - The exploitation or overwork of a child by a parent or by any other person.
 - The involvement of a child in any sexual act with a parent or with any other person, or the aiding or toleration by a parent or the caretaker of the child’s sexual involvement with any other person, or the child’s involvement in pornographic displays or any other involvement of a child in sexual activity constituting a crime under the laws of this state. (Louisiana Children’s Code, Article 1003).
- Neglect (adult/elderly): The failure, by a caregiver responsible for an adult's care or by other parties, or by the adult participant’s action or inaction to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (Louisiana Revised Statutes. 14:403.2).
- Neglect (child): The refusal or failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment or counseling for an injury, illness, or condition of the child, as a result of which the child’s physical, mental, or emotional health and safety is substantially

threatened or impaired. Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a will - recognized religious method of healing which has a reasonable, proven record of success, the child shall not, for that reason alone, be considered neglected or abused. Disagreement by the parents regarding the need for medical care, shall not by itself, be grounds for termination of parental rights. (Children's Code Article 1003).

- **Exploitation:** The illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of the person's or disabled adult's power of attorney or guardianship for one's own profit or advantage. (Louisiana Revised Statutes 14:403.2).
- **Extortion:** The acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (Louisiana Revised Statutes 14:403.2).
- **Self-Neglect:** The failure either by the adult participant's action or inactions to provide the proper or necessary supports or other medical, surgical, or any other care necessary for his/her well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected.
- **Major Injury:** Any suspected or confirmed wound or injury to a person of known or unknown origin which requires medical attention by a physician, nurse, dentist, or any licensed health care provider. Note - this category is used only if there is no reason to suspect abuse or neglect. If abuse or neglect is suspected, then the proper category is either abuse or neglect and the incident should reflect the applicable category.
- **Fall:** A fall occurring when the person is:
 - Found down on the floor (un-witnessed event); or
 - Comes to rest on the floor unintentionally, assisted or un-assisted, apparently due to one of the ten most likely risk factors for falls (i.e. muscle weakness, history of falls, gait deficit, use of assistive device, visual deficit, arthritis, impaired activities of daily living, depression, cognitive impairment, and age greater than 80 years) and/or other risk factors such as use of psychotropic medications, anti-arrhythmic medications, dioxins, and diuretics.
- **Major Illness:** Any substantial change in health status, illness, or sickness (suspected or confirmed) which requires unscheduled treatment, or other medical intervention by a physician, nurse, dentist, or other licensed health care providers.
- **Death:** The cause or manner of dying. All deaths are reportable regardless of the cause or the location of where the death occurred.
- **Major Medication Incident:** The administration of medication in an incorrect form, not as prescribed or ordered, or to the wrong person, or the failure to administer a prescribed medication, which requires or results

in medical attention by a physician, nurse, dentist, or any licensed health care provider.

- Staff error: The staff fails to administer a prescribed medication or administered the wrong medication or dosage to a participant, or fails to fill a new prescription order within twenty-four (24) hours or a medication refill prior to the next ordered dosage.
- Pharmacy error: The pharmacy dispenses the wrong medications, et cetera.
- Person error: The person, or participant, unintentionally fails to take medication as prescribed.
- Family error: A family member intentionally or unintentionally fails to administer a prescribed medication refill prior to the next ordered dosage.
- Involvement with Law Enforcement: A participant or his/her staff or others responsible for his/her care is/are involved directly or indirectly in an alleged criminal manner, resulting in law enforcement becoming involved such as:
 - The participant is arrested.
 - An on-duty staff person is arrested/charged with an offense/crime.
 - An on-duty staff person is issued a citation for a moving violation while operating an agency vehicle, or while transporting the participant in a private vehicle.
- Restraint use: Any physical, chemical, or mechanical intervention used to control acute, episodic behavior that restricts movement or function of a participant or a portion of a participant's body. The following are categories of restraint use:
 - Behavioral restraint: Restraints used to suppress a participant's behavior and do not include restraints utilized when conducting a medical treatment. Behavioral restraints may be planned or unplanned and may involve personal, mechanical, or chemical restraints.
 - Medical Restraint: Restraints applied as a health-related protection that are prescribed by a licensed physician, licensed dentist, or licensed podiatrist. Such restraints are used when absolutely necessary during the conduct of a specified medical or surgical procedure or when absolutely necessary for the protection of a participant during the time that a medical condition exists. Medical restraints may be planned or unplanned and may involve personal, mechanical, or chemical restraints. The appropriate use of "light sedation" is not considered a medical restraint.

If the incident involves **abuse, neglect, exploitation, or extortion**, then law enforcement should be contacted immediately.

You, as the employer, are responsible for completing all of the following actions:

1. Reporting critical incidents as soon as possible to the support coordination agency and as necessary to law enforcement;
2. Assisting in gathering information about the circumstances and details of the critical incident; and
3. Participating in any planning meetings convened to resolve the critical incident or to develop strategies to prevent or mitigate the likelihood of similar critical incidents occurring in the future.

Where to Get Help

Emergency Situations

Call your local law enforcement agency (police or sheriff) or 911 if the situation is an emergency. If in doubt about an emergency situation, dial 911.

- If you suspect an adult has been abused or mistreated, you are required to report it to the Adult Protection Services at 1-800-898-4910.
- If you suspect a child has been abused or mistreated you are required to report it to your parish Child Protection Office.

Support Coordination Contacts

Support Coordination Agency: _____

Support Coordinator's Name: _____

Support Coordinator's Number: _____

Program Contacts

Office for Citizens with Developmental Disabilities
Attn: Self-Direction Program Manager
P.O. Box 3117
Baton Rouge, LA 70821-3117

Telephone: 1-866-783-5553 or 225-342-0095
Fax: 225-342-8823

Section VII: Appendix

Service Agreement Form	VII-A
Applicant Verification Form	VII-B
CPR & First Aid Training Facilities Listing	VII-C
Agreement to Access the Direct Service Worker Registry Listing Form	VII-D
Notification of DSW Employment/Termination Form	VII-E
Physician Delegation for Medication Administration & Medical Treatments Form	VII-F
Criminal Background Check History Acknowledgement and Waiver Form	VII-G